

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99952 Office of Registrar of Vital Statistics.

Ward 13⁰

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Maggie Donohue

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 8 Months, 21 Days

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 107 N. Unity St

Cause of Death, { First (Primary), Second (Immediate), } Meningitis
Compression of brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, May 23rd 1887

Undertaker, Michael Doyle

Place of Business, 618 S. Charles st Address, 901 Edmondson ave

Medical Attendant, J. H. Bram Lan M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99953 Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 22nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Virginia Saitter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 11 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Infant Asylum.

Cause of Death, { First (Primary), Second (Immediate), } Eclampsia

Duration of Last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, New South Cemetery

Date of Burial, May 25. 1887

Undertaker, John Barron

J. J. Flannery M. D.
Medical Attendant.

Place of Business, Division St. Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 99954

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

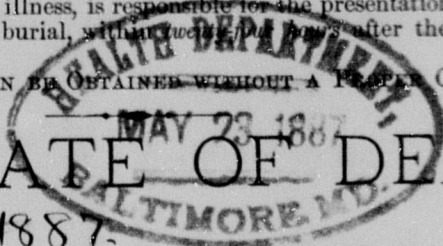
Health Department, City of Baltimore.

Permit No. 99917 Office of Registrar of Vital Statistics.

Ward 12 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 22nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Madeline

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, Years, 2 Months, Days.

Color, White.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Asylum. (Infant)

Cause of Death, { First (Primary), Marasmus
Second (Immediate), Ex

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New South Cemetery

Date of Burial, May 23, 1887

{ Undertaker, John Bannan } J. J. Flannery M. D.

{ Place of Business, Division St. } Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

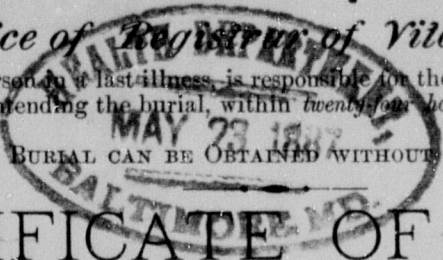
No. 99955

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99955 Office of Registrar of Vital Statistics. Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, May 23rd 1887 -

Full Name of Deceased, Aloys. Daniel

Sex, Male or Female, Male

Age, 84 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birth Place, Germany

Duration of Residence in the City of Baltimore, -

Place of Death, St. Joseph's Hospital

Cause of Death, Epithelioma of lip - Exhaustion

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, May 23rd 1887

Undertaker, Geo. Quinlan, Oscar Mackay M. D. Medical Attendant.

Place of Business, Health Office Address, 624 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99956

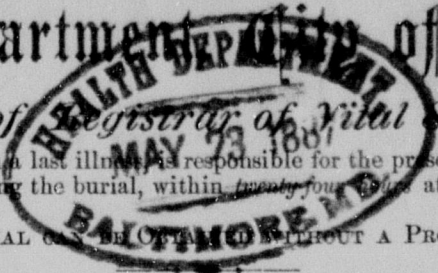
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. 99956 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL can be obtained without a PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, May 22 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Malinda, W. Courney

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 0 Years, 4 Months, 17 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kentucky

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give Street and Number. } 573 Patterson Park, An

Cause of Death, { First (Primary), Pregnancy
Second (Immediate), Pulmonary Oedema
4 weeks

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 24 1887

{ Undertaker, Wm. S. King } Geo. D. Blake M. D. Medical Attendant.

{ Place of Business, 301 1/2 Broadway, Adams, Geo. D. Blake } Geo. D. Blake

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 99957

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99957 Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 28th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Peter Moseriger

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

76

Years,

Months,

Days.

Color,

Color

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Wood Sawyer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

33 years

Place of Death,

{ Give Street and Number. }

1033 Somerset St

Cause of Death,

{ First (Primary),

Second (Immediate),

Senility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer Cem

Date of Burial,

May 24th 1887

{ Undertaker,

Henry Hoesh

{ Place of Business,

1033 Somerset St

Wohlner

M. D.

Medical Attendant.

Address,

1033 Somerset St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99958

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99958

Office of Registrar of Vital Statistics.

Ward 19th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 22^d 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lewellen Virginia Motte

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

25

Years,

3

Months,

3

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

None

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give Street and Number. }

1428 Lafayette Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Circumcribed abdominal abscess
Ulceration & perforation of the bowels

Duration of Last Sickness,

About 2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

May 24th 87

{ Undertaker,

L. Denny & Mitchell

Elias C. Price M. D.

Medical Attendant.

{ Place of Business,

1201 W. Fayette

Address,

953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

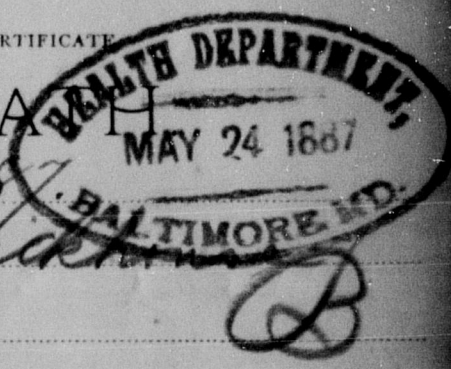
Board of Health, City of Baltimore.

Permit No. 99959 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, May 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Caroline Brickman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, Months, Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Northampton Co., Pa.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and Number. } 535 Lombard

Cause of Death, { First (Primary), General Debility; Second (Immediate), "

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Cranecock Ga

Date of Burial, May 23rd 1887

Undertaker, Saml W Chase, Medical Attendant, J. H. Christman M. D.

Place of Business, 641 S. Howard St, Address, 1821 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 99960

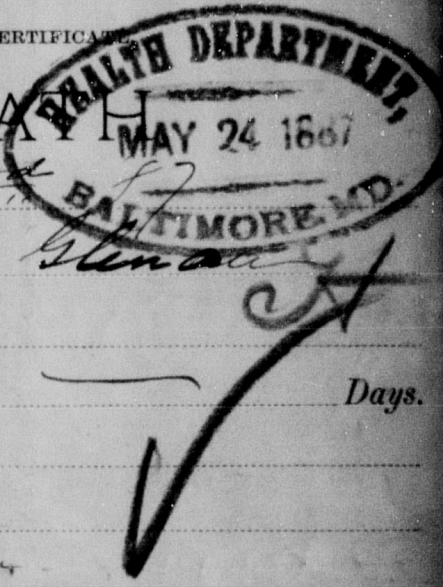
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Health Department, City of Baltimore.

Permit No. 99960 Office of Registrar of Vital Statistics. Ward 13th

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CERTIFICATE OF DEATH



Date of Death, May 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M. Glendon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give Street and Number. } University Hospital

Cause of Death, { First (Primary), Second (Immediate), } Myeloid degeneration of kidneys
Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Bonian Broom

Date of Burial, May 24th

Undertaker, John J. Bowman

Place of Business, 901 Hollins St Address, University Hospital

C. W. Mitchell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

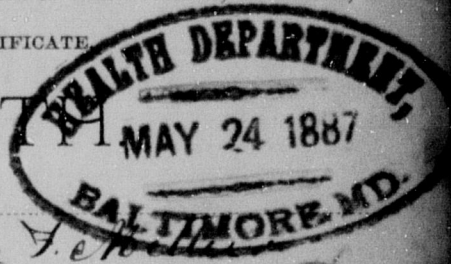
Permit No. 99961 Office of Registrar of Vital Statistics.

Ward 6th

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CERTIFICATE OF DEATH



Date of Death, May 23, 1887.

Full Name of Deceased, Chas. H. & Cathie F. Schilling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 Years, 31 Months, 31 Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, man
Birth Place, Baltimore, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, life time

Place of Death, 1910 E. Biddle St., {Give Street and Number.}

Cause of Death, {First (Primary), Spasmodic colic.
Second (Immediate), Exhaustion.}

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 24th 1887

Undertaker, Geo. Schilling, J. E. Heard, M. D. Medical Attendant.

Place of Business, Aspland Square, Address, 1616 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]